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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000066417 (3)

AMERICAN DOCUMENT BUREAU, INC.						
Principal Place of Business Mailing Address 4942 NORTHWEST 51ST STREET 4942 NORTHWEST 51ST COCONUT CREEK FL 33073 COCONUT CREEK FL 33073		<del>-</del>	STREET	E LOUISON IN LUIGI BUILL BRAIN ORIIN ONI	15 <b>66</b> 11 <b>9 8618 6</b> 1101 <b>6</b> 1881 1481	<b>           </b>
				3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last R 05/01/1996	eport
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number		plied For
1	**************************************	26		65-0605637	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Re	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00	<del></del>
3	•	28		Trust Fund Contribution	Added	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s	***************************************
4	25	29	30		] Yes ☐ No	
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
	FY BARBARA		81 Name			
	2 NW 51ST		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	<del></del>
SOS	SONUT CREEK FL 33073		63			
			<b>53</b>			
			84 City		FL 85 Zip	Code
Is Pursuant	to the provisions of Sections 607.6	0502 and 607 1508 Florida State	ites the above-named cor	rporation submits this statement for the jation's board of directors. I hereby acce		e registere
	Signature, typed or pruled name of registered	Sully	DTE: Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE	Signature, typed or prates name of registered OFFICERS	agost and title 1/ polytiple (NC AND DIRECTORS	DTE: Registered Agent signature requ	· · · · · · · · · · · · · · · · · · ·	DATE CERS AND DIRECTOR	
signature 12. III.e	Signatur, typed or praed rame of registered OFFICERS.	agest and title of population. (NO	DTE: Registered Agent signature requirements 13.	uired when reinstating)	DATE	
SIGNATURE 1 <b>2.</b> III.E VAME	Signature, typed or prates name of registered OFFICERS	and tile of position (NO	DTE: Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	
SIGNATURE  12.  IT.E  IAVE  IREELADDRESS	Signatur, typed or practical arms of registered OFFICERS.  PSTD DUFFY, BARBARA C	POPON AND DIRECTORS  DELETE	TE: Registered Agent eignature requirement 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTOR	
SIGNATURE  12.  HILF  VAME  SHEEL ADDRESS  CHY-ST-ZIP	Signal VI, byted or particular rate of registered OFFICERS.  PSTD DUFFY, BARBARA C 4942 NORTHWEST 51ST ST	POPON AND DIRECTORS  DELETE	TE: Registered Agent eignature requirements  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	Additio
SIGNATURE  12.  III.F  NAME SIBEEL ADDRESS  CHY-ST-ZIP  HILLE	Signal VI, byted or particular rate of registered OFFICERS.  PSTD DUFFY, BARBARA C 4942 NORTHWEST 51ST ST	Pagnet and title of population (NO AND DIRECTORS DELETE TREET 3	TE: Registered Agent eignature requirements  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	uired when reinstating)	DATE CERS AND DIRECTOF Change	Additio
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